



# The Roman Catholic Churches of Uniontown

## 2020-2021 High School Youth Ministry

### Registration Form



Today's Date: \_\_\_\_\_

Family's Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Home Parish:** \_\_\_\_\_

Phone Numbers: (1<sup>st</sup> Call) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Religion: \_\_\_\_\_

**Email address:** \_\_\_\_\_

**NAMES OF CHILDREN:**

1) Name: \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

School Attending: \_\_\_\_\_ District \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Church \_\_\_\_\_

Date of Confirmation: \_\_\_\_\_ Church \_\_\_\_\_

Health Information (Allergy, Medical, Educational):

\_\_\_\_\_

2) Name: \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

School Attending: \_\_\_\_\_ District \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Church \_\_\_\_\_

Date of Confirmation: \_\_\_\_\_ Church \_\_\_\_\_

Health Information (Allergy, Medical, Educational):

\_\_\_\_\_

**PARENT SIGNATURE** \_\_\_\_\_